



***SOUTH CAROLINA DEPARTMENT  
OF  
DISABILITIES AND SPECIAL  
NEEDS***

***ANNUAL  
ACCOUNTABILITY  
REPORT***

***Fiscal Year 2000 – 01***

**Accountability Report Transmittal Form**

**Agency Name – S.C. Department of Disabilities and Special Needs**

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**Agency Director – Dr. Stanley J. Butkus**

**Agency Contact Person – Mr. Tom Waring**

**Agency Contact's Telephone Number – 803-898-9792**

## Table of Contents

### **Section I**

Executive Summary .....	Page 1-5
-------------------------	----------

### **Section II**

Business Overview.....	Page 6-9
------------------------	----------

Organizational Chart .....	Page 10
----------------------------	---------

Providers of DDSN Service Delivery .....	Page 11
--	---------

### **Section III**

1. Leadership .....	Page 12-13
---------------------	------------

2. Strategic Planning .....	Page 14-15
-----------------------------	------------

3. Customer Focus .....	Page 16-17
-------------------------	------------

4. Information and Analysis.....	Page 18-19
----------------------------------	------------

5. Human Resource Focus .....	Page 20-21
-------------------------------	------------

6. Process Management .....	Page 22-23
-----------------------------	------------

7. Business Results .....	Page 24-32
---------------------------	------------

**South Carolina Department of Disabilities and Special Needs**  
**2000-2001 ACCOUNTABILITY REPORT**  
**Executive Summary**

**General Information:** The South Carolina Department of Disabilities and Special Needs has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including mental retardation and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. Primary responsibilities include planning, development and provision of a full range of services for children and adults, ensuring that all services and supports provided meet or exceed acceptable standards, and improve the quality of services and efficiency of operations. The department advocates for people with severe lifelong disabilities both as a group and as individuals, coordinates services with other agencies and promotes and implements prevention activities to reduce the occurrence of both primary and secondary disabilities.

DDSN provides 24-hour residential care for individuals with the most complex and severe disabilities at five regional facilities across the state. Community residential services and in-home support services are provided through contracts with local disabilities and special needs boards and other providers. The department works closely with consumers and families, service providers, advocacy organizations, the executive and legislative branches of government, county officials, state and federal agencies, the business community and the general public. These partnerships are integral to strategic planning, ensuring health and safety, and measuring outcomes and customer satisfaction.

**MAJOR ACHIEVEMENTS FY 2000-2001**

1. ***Meeting Service Needs***

Each year more babies are born with severe birth defects and more adults survive accidents that leave them with severe brain or spinal cord injuries. Advances in science and modern medicine save lives but also add a growing group of children and adults who need services for the rest of their lives. Turnover is very limited in the service system as severe disabilities are lifelong. Many people are waiting for the services they need to be more independent.

DDSN currently serves 23,800 persons with mental retardation and related disabilities, autism, head injury and spinal cord injury. Approximately 80% of these individuals live at home with their families. The remaining 20% of individuals have needs which cannot be met at home and require services provided in community residential settings or in one of five state-operated regional centers.

This year 521 new persons begin receiving services. In addition, increased levels of services were provided for 218 individuals whose jeopardized health and safety made their situation critical. Two-hundred and five new residential opportunities were developed. Home and community-based waiver services were provided to 2,130

individuals. Other in-home supports were provided for 630 persons to enable them to remain in their own home or their family's home.

2. ***Implementation of Person-Centered Services***

The department and its statewide service delivery network completed its third year of phasing in a person-centered (not program-centered) approach to services. In FY 2001 there were 12,600 individual plans facilitated that incorporate the individual's needs, preferences on how to meet those needs, and the person's strengths, talent and abilities. Also, the final phase of shifting from expense-based rates to capitated rates for most services was completed. The redesigned accountability mechanism is complete and statewide training for department and provider staff on the new outcomes methodology was completed. Assessment of consumer/family satisfaction through a contract with USC's survey research laboratory continued.

3. ***Participation in State-level Planning Activities Related to the Olmstead Decision***

The recent L.C. v. Olmstead U.S. Supreme Court decision established that individuals should not be unnecessarily institutionalized, or put at risk of unnecessary institutionalization. To limit litigation states are advised to develop a comprehensive, effectively working plan that ensures that placements from institutions move at a reasonable rate and that community services will be available so that unnecessary institutional placement does not occur.

DDSN has been very active in South Carolina's Olmstead planning process. Dr. Stan Butkus, State Director, was appointed by the Governor to serve on the full Olmstead Committee and to serve as co-chairman on the Disabilities and Special Needs Work Group. DDSN's suggested outcome and structure for the overall state plan was adopted by the task force as a whole. Key concepts identified in the Olmstead plan track DDSN system initiatives in person-centered planning, capitated funding and outcomes evaluation. The plan for each of the population areas – mental illness, disabilities and special needs, and aging and medical conditions – will be integrated into one report. After public hearing and comment opportunities the final report will be submitted to Governor Hodges by September 3, 2001.

4. ***Improved Quality and Accountability***

Changing Federal Requirements. DDSN receives/utilizes more than \$200 million in federal Medicaid funding to provide services. Compliance with Medicaid standards is essential and during FY 2001 the agency had to prepare for and implement two significant Health Care Financing Administration (HCFA) changes. The first was Intermediate Care Facilities for people with Mental Retardation (ICF/MR) "look behind" reviews which entail re-inspection of facilities after the regulatory authority (DHEC) completes its survey review. The second was an entirely new review protocol for home and community-based Medicaid waiver services. Nearly 300 staff were trained on these changing regulatory requirements and federal interpretations at a statewide conference with an additional 100 training sessions held specifically for personnel in staff positions essential to ensuring Medicaid standards compliance.

Redesigning Agency Mechanisms. DDSN believes that the use of personal consumer outcomes for quality enhancement focuses attention on what people with disabilities want from the services and supports they receive. Therefore the department developed a new process – the South Carolina Organizational Performance Enhancement System (SCOPES) to assist service providers to use the information gathered through personal outcomes assessments to gain a better understanding of priorities for people served and then integrate this information into local quality enhancement efforts. The SCOPES process is built on a technical assistance and learning approach to quality enhancement which promotes agency self-assessment and the development of the knowledge and skills essential to continuous internal quality improvement. During FY 2001 fifteen local disabilities boards began participation in the SCOPES process.

Strengthening Strategic Planning. DDSN's continuous quality improvement goal is to develop strategic planning capabilities within each of the local disabilities and special needs boards. During FY 2001 technical assistance and consultation was provided to seven disabilities and special needs boards tailored to meet the unique needs of that specific board or provider. For some this included basic training for board members and staff on how to develop a strategic plan consistent with agency goals and DDSN's mission. Others received assistance on setting fewer, manageable agency-wide goals or consultation on how to "beef up" and improve their plans. Requests have included assistance in policy development and staff development so job performance complies with policy. Other areas were process design to improve internal review, board-to-board peer review and systematic ways to evaluate performance. Feedback from local executive directors has been positive.

5. ***Management of State Budget Cuts***

In order to prepare for potential budget reductions actions were taken in December 2000 to freeze non-direct care positions, curtail service expansion for the second half of the fiscal year, and severely restrict critical placements of individuals. As the final budget bill was crafted it was evident that the combined total reduction to DDSN would be \$5.8 million state funds beginning July 1, 2001, which, when matched with Medicaid dollars, equated to a total reduction of \$19 million.

In May 2001 DDSN implemented a Service Management and Permanent Budget Reduction Plan. First priority was to maintain current service levels to all persons receiving them. Second priority was to prepare for our response to new critical care life and death situations that will arise during the next year. Actions taken in December helped significantly to manage budget reductions but were not enough. Administrative reductions were made at the central office, regional offices and local provider organizations. DDSN's administration was restructured to maintain essential functions necessary to stay focused on a person-centered system of services, to emphasize quality assurance and to maximize resources for timely response to the needs of new individuals in crisis situations. Existing service levels were not reduced.

## **MISSION STATEMENT**

The SCDDSN, as defined in the South Carolina Code of Laws, serves persons with mental retardation, autism, head and spinal cord injuries, and conditions related to each of these four disabilities in accordance with the following concepts:

### **VISION - WHERE ARE WE GOING!**

To be the best in the world at assisting persons with disabilities and their families.

### **MISSION - WHAT WE DO!**

Assist people with disabilities in meeting their needs, pursuing their individual possibilities and achieving their life goals; and minimize the occurrence and reduce the severity of disabilities through prevention.

### **VALUES - OUR GUIDING BELIEFS!**

Health, safety and well-being of each person  
Dignity and respect for each person  
Individual and family participation, choice, control and responsibility  
Relationships with family, friends and community connections  
Personal growth and accomplishments

### **PRINCIPLES - FEATURES OF SERVICES AND SUPPORTS**

Person - Centered  
Responsive, efficient and accountable  
Practical, positive and appropriate  
Strengths-based, results-oriented  
Offer opportunity to be productive, and to share gifts and talents with the community  
Utilize best practices and approaches

## **KEY STRATEGIC GOALS**

1. Improve the quality and range of supports and services that are responsive to the needs of individuals and families.
  - a. Address critical needs of new persons in crisis situations.
  - b. Provide services to persons on waiting lists.
  - c. Serve new persons who become eligible.
  - d. Allow consumers to choose the services they need from providers they prefer using individually defined resource limits.
  - e. Continue to move individuals from regional centers who choose community alternatives consistent with the Olmstead Decision and using a budget neutral method.
  - f. Continue to maximize Medicaid by shifting service dollars to local operations.
  - g. Continue to partner with other agencies to avoid duplication and share resources as appropriate.
2. Increase accountability to all citizens of South Carolina.
  - a. Continue implementation of a performance measurement system linked to customer satisfaction and achievement of consumer's outcomes.

- b. Enhance quality assurance and quality improvement initiatives and maintain compliance with federal standards.
- c. Minimize the occurrence and reduce the severity of disabilities through primary and secondary prevention initiatives.

### ***Opportunities***

- 1. Increase use of Medicaid funding to develop flexible in-home supports for increased individual/family independence and prevention of more costly out-of-home residential placements.
- 2. Strengthen technology capacities to support self-determination initiatives and create efficiencies.
- 3. Enhance service provider productivity and efficiency.
- 4. Change current state laws and regulations to allow medication administration and other routine medical procedures that can be performed by trained but unlicensed personnel.
- 5. Utilize improved statewide Quality Assurance Program to determine performance in the areas of health and safety of each person, dignity and respect, personal choice, participation in the community and attainment of goals.

### ***Barriers***

- 1. Turnover is very limited in the service system as severe disabilities are lifelong and many people are waiting for the services they need to be more independent. We have a waiting list of 1,000 people for day and employment programs and 1,400 for residential services. In addition, over 1,000 people with severe disabilities live at home with parents who are 65 years old or older. As parents age, their ability to provide care and supervision becomes more difficult, eventually impossible. When parents become ill, develop chronic diseases, or need nursing home care themselves, the state must step in and begin providing 24-hour care for those left in vulnerable life and death situations.
- 2. The recruitment and retainment of direct service personnel and personal care aides continues to be extremely difficult in specific locations around the state. There is also a shortage of nurses.
- 3. Current state law and regulations mandate that only licensed personnel administer medications. This escalates costs and increases the demand on the already short supply of nurses.
- 4. Consumer expectations for substantial growth and development of community based services as a result of the U.S. Supreme Court's Olmstead decision will be countered by the state's ability to appropriate new revenue to fund new services.



## Section II

### Business Overview

#### **Employment and Operation Information**

The department has 3,030 full time permanent employees who work in central administration, five regional centers, and regional field offices, located throughout South Carolina. Of those 3,030 employees, 1,955 are state funded, and 1,075 are funded with other funds. DDSN uses approximately 175 temporary employees periodically during the year to cover existing vacancies and some long-term absences due to illnesses, but not to supplement its work force on a permanent basis. Additionally, DDSN contracts with a statewide provider network to provide services to DDSN eligible individuals. There are 7,227 permanent full time contract provider employees in the statewide network.

#### **Base Budget Expenditures and Appropriations**

	<b>99-00 Actual Expenditures</b>		<b>00-01 Actual Expenditures</b>		<b>01-02 Appropriations Act</b>	
<b>Major Budget Categories</b>	<b>Total Funds</b>	<b>General Funds</b>	<b>Total Funds</b>	<b>General Funds</b>	<b>Total Funds</b>	<b>General Funds</b>
Personal Services	\$67,813,130	\$44,863,790	\$70,345,881	\$46,163,133	\$72,240,065	\$45,324,803
Other Operating	\$234,812,776	\$83,684,271	\$254,412,487	\$81,510,730	\$330,022,864	\$86,968,128
Special Items	\$150,175	\$24,175	\$150,175	\$24,175	\$150,175	\$24,175
Permanent Improvements	\$1,812,052	\$0	\$5,003,071	\$0	\$0	\$0
Case Services	\$5,678,984	\$1,299,733	\$6,375,087	\$1,068,058	\$6,763,401	\$1,589,791
Distributions to Subdivisions	\$38,666	\$0	\$55,751	\$0	\$150,000	\$0
Fringe Benefits	\$20,511,983	\$13,608,659	\$22,658,939	\$14,974,379	\$22,714,779	\$15,117,610
Non-recurring	\$118,836	\$0	\$6,574,000	\$0	\$0	\$0
<b>Total</b>	<b>\$330,936,602</b>	<b>\$143,480,628</b>	<b>\$365,575,391</b>	<b>\$143,740,475</b>	<b>\$432,041,284</b>	<b>\$149,024,507</b>

#### **Other Expenditures**

<i>Sources of Funds</i>	<b>99-00 Actual Expenditures</b>	<b>00-01 Actual Expenditures</b>
Supplemental Bills*	\$7,368,000	\$0
Capital Reserve Funds	\$1,308,165	\$4,772,049
Bonds	\$0	\$151,247

\* Supplemental Bills Expenditures for FY 00 are included in Other Operating Expenditures.

### **Key Customers and Key Suppliers**

SCDDSN currently serves 23,800 persons with mental retardation and related disabilities, autism, head injury or spinal cord injury. These disabling conditions are severe, life-long and chronic. Approximately 80% of these individuals served live at home with their families. The remaining 20% of individuals have needs which cannot be met at home and require services provided in community residential settings or in one of the state operated regional centers.

Turnover is very limited in the service system as severe disabilities are lifelong and many individuals are waiting for the services they need to be independent. We have a waiting list of 1,000 people for day and employment programs and 1,400 for priority residential services. In addition, over 1,000 people with severe disabilities live at home with parents who are 65 years old or older. Therefore, DDSN's key customers are the individuals with disabilities and their families who receive services or who are eligible and waiting for services.

Equally important are the local provider organizations that DDSN contracts with to provide services. The working relationship between DDSN and the Executive Directors of these local service agencies, their board members and staff is very important to ensuring the continuous availability of high quality services. Disability advocates and their organizations are integral in promoting consumer-focused services and providing valuable feedback on effectiveness, issues and concerns. The Governor, his staff, members of the General Assembly and their staff are all very important partners in the system of services as they appropriate funds, guide policy and connect individual constituents to available services.

### **Description of Major Products and Services**

DDSN strives to serve all persons who are eligible for services and to ensure that services meet acceptable standards. The SC Department of Disabilities and Special Needs and its statewide network of local providers began implementing a new service-delivery approach in July, 1998.

This new approach, called Person-Centered Services, gives South Carolinians with disabilities and their families more choice and control of the services and supports they receive from DDSN. Person-centered services provide new tools and processes for achieving the results individuals and families want. This new approach gives consumers and their families the power to use the resources allocated to them in ways that make sense in their lives. They set goals and develop a plan that identifies the services and supports they want and need, and who will provide these services. Consumers and others evaluate the plan and the services and supports delivered, in terms of actual results produced in the person's life and how satisfied he or she is with the supports provided.

The department structures services so that the greatest number of people possible can be served and, at the same time, insure that out-of-home care is available for those individuals with truly critical needs. Services are grouped in four major categories:

#### **In-Home Individual and Family Support Services**

Preventing unnecessary and costly out-of-home placements for individuals with severe lifelong disabilities is the main objective of the individual and family support program. On average, in-home supports cost less than one-half of the least expensive out-of-home placement options. It is generally accepted by professionals and consumers alike that remaining in one's own home is preferable to out-of-

home placement. It is rare that a better, more desirable service costs less, but that is the case with family support. In-home supports include day services, supported employment, early intervention, respite, stipends, rehabilitation support services and behavior support services.

### Community Residential Services

When in-home individual and family supports prove ineffective in meeting the needs of the individual, community residential services are offered. Small, family-like community residential services provide 24 hour care, yet cost less than the cost of state operated regional center placements. These types of services, located closer to the individuals' home communities, are preferred by families and individuals alike.

### Regional Centers

Regional centers serve persons with the most complex needs. The centers are the most expensive residential alternative due to the level of care and supervision needed. The number of persons served in regional facilities continues to decline as local community supports are expanded to meet more of the needs of the individuals served closer to their families' homes. As individuals move from state operated to local programs, the service funds are moved with them.

### Prevention Services

It is estimated that government will save more than \$1 million over the life span of an individual if that individual, whether child or adult, remains healthy rather than incurring a severe disability. DDSN has initiated many prevention programs through contractual and other agreements with the Center for Disease Control in Atlanta, the Greenwood Genetic Center, the University of South Carolina School of Medicine, Medical University of SC, Department of Family and Preventive Medicine, DHEC and Department of Health and Human Services.

### Organizational Structure

The South Carolina Department of Disabilities and Special Needs (DDSN) is the state agency that plans, develops, coordinates and funds services for South Carolinians with severe lifelong disabilities including:

- Mental retardation and related disabilities
- Autism
- Traumatic brain injury and spinal cord injury and similar disabilities

DDSN is governed by a seven-member commission appointed by the Governor with the advice and consent of the Senate. A commission member is appointed from each of the state's six Congressional districts, and one member is appointed from the state-at-large. The commission is the agency's governing body and provides general policy direction and guidance. The State Director is the agency's chief executive and has jurisdiction over the central administrative office located in Columbia, SC, five regional centers and all services provided through contracts with local agencies.

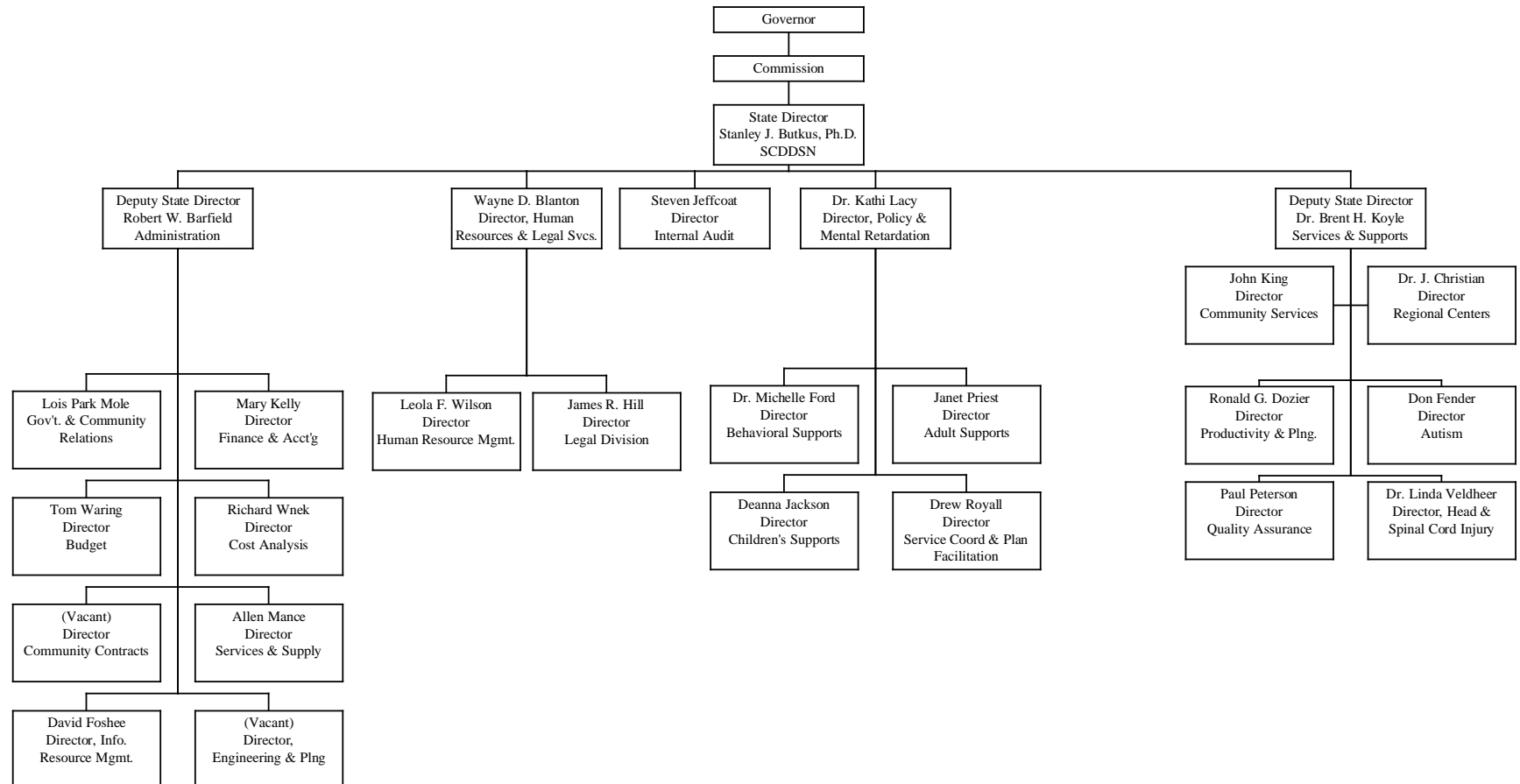
DDSN provides 24-hour residential care for individuals with more complex, severe disabilities in Regional Centers, located in Columbia, Florence, Clinton, Summerville (near Charleston), and Hartsville. DDSN directly oversees the operations of these facilities, which are managed by a facility administrator.

DDSN provides services to the majority of eligible individuals in their home communities, through contracts with local service-provider agencies. Most of these agencies are called Disabilities and Special Needs (DSN) Boards and they serve every county in South Carolina.

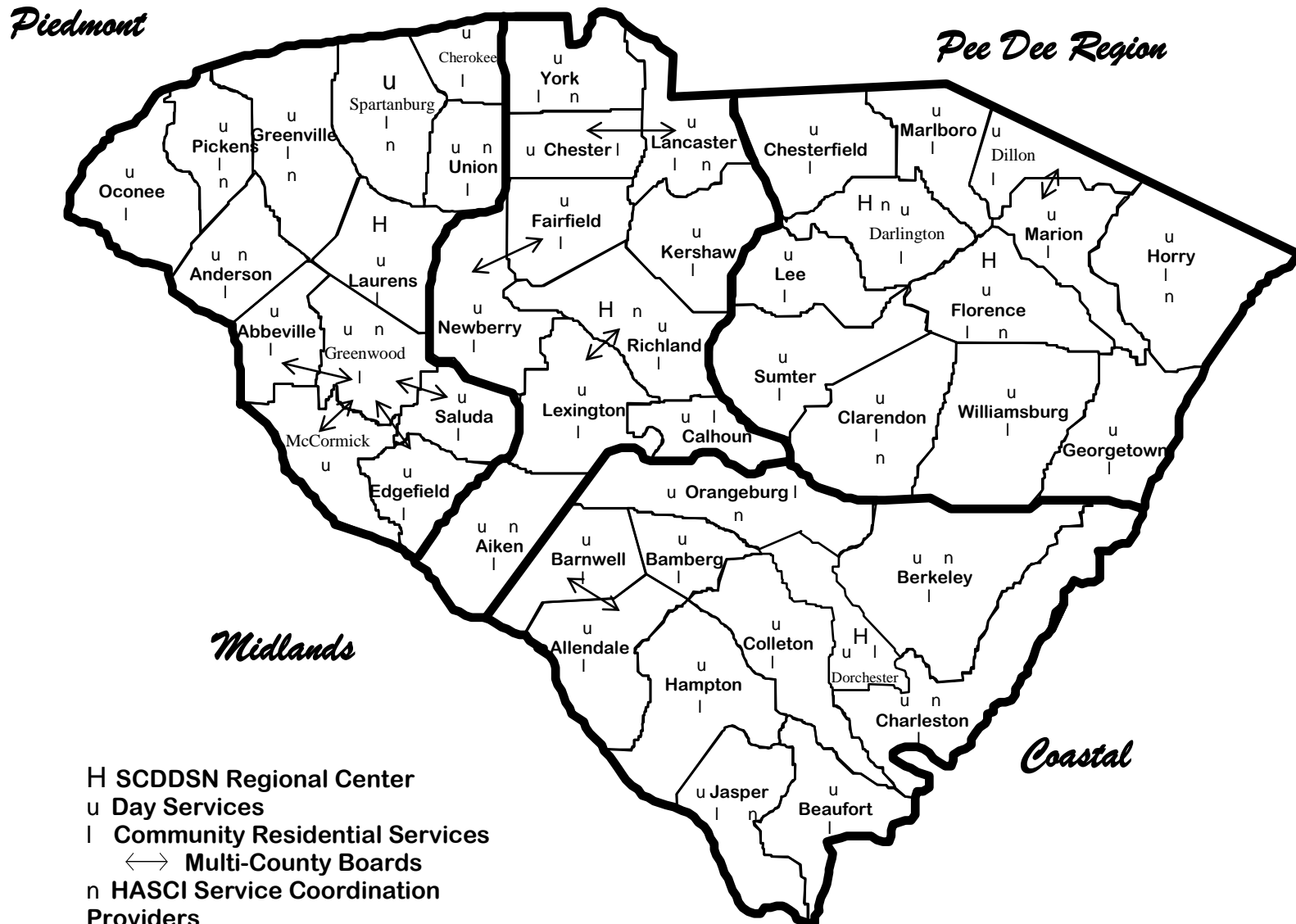
Local Disabilities and Special Needs Boards are created by state statute and county ordinance. While they are governmental bodies in nature, they combine the best aspects of public and private organizations. DSN boards provide a consistent level of services statewide, yet encourage local initiative, volunteerism and pride in service delivery. Local flavor and community preferences are present, yet services are provided at a consistent level of quality statewide. Each local DSN Board serves as the single point of entry into the DSN system.

Consumers and family members play a critical role in the service delivery system and in evaluating the effectiveness of that system. Each DSN Board and regional residential center is required to have a consumer/family organization and a documented process for consumers and families to participate as advocates for service recipients and to review and monitor programs.

## SC Department of Disabilities and Special Needs Organization Chart



**SC Department of Disabilities and Special Needs  
DDSN Service Delivery**



### Section III

#### **Category 1: Leadership**

Dr. Stan Butkus was hired in 1996 as the State Director of the S.C. Department of Disabilities & Special Needs. Under Dr. Butkus' leadership, the Department has been on the cutting edge of developing and implementing a service model that relies on consumer choice and consumer satisfaction based on a person-centered needs assessment and personal outcomes. Under his leadership, a variety of techniques helped shift our statewide service delivery system to a system that is more person-centered than program-centered. Information on the new concept of service delivery was mailed statewide to all consumers, many potential consumers and a vast network of provider groups and advocacy organizations. Consumers and family members were invited to attend regional informational meetings to learn about person-centered services and give input. The state director established work groups to develop new processes and tools. All stakeholders were represented as well as cross-functional staff representation.

The agency's executive leadership team is made up of individuals who have many years of experience in their respective fields of expertise. They develop short and long term goals and set direction for the agency. Technical training, one-on-one communication, and workgroups are used to disseminate the goals and directions to agency staff. Each member of the executive team takes a "hands on" approach to leadership. The Department intentionally has minimal layers of middle management so senior leaders are aware of needs as they arise and are able to quickly develop solutions. They utilize a "whatever it takes" approach to problem solving, and stay involved until goals are met and issues are resolved.

Senior leaders actively promote open communication throughout the organization. Cross-functional committees are utilized to develop agency plans and strategies. These committees consist of staff with programmatic skills as well as staff that are skilled in fiscal matters. This cross-functional staffing provides for a thorough review of all issues involved in establishing or changing agency wide policies.

Executive team members lead internal agency committees, which make decisions and provide oversight. These committees cover areas of service development, organizational and system responsiveness and funding. Committees meet regularly to identify and address areas of need, potential barriers and opportunities. Employee feedback and participation are relied upon to determine the effectiveness of leadership throughout the organization.

Assessment of functions is ongoing to ensure resources are directed to priority areas. This assessment along with a required review of non-direct care position vacancies guides how we organize, target funds and evaluate performance. A recent reorganization streamlined processes, centralized certain functions and improved utilization of administrative staff. Waiting lists, critical placement situations, the number of facilitated service plans in place, expended resources by service categories and the agency's staff-to-client ratio are key performance measures that are reviewed regularly. Leadership actively promotes the health, safety and well-being of the individuals we serve, as well as the dignity and respect for these individuals and their families.

The Department utilizes staff development opportunities to stress team-building concepts and to train employees and service provider employees on mediation techniques. All levels of the organization contribute to decision making processes and setting performance goals. Employees are empowered with the knowledge that their input into the whole process is necessary to fulfill the agency's mission. Agency leaders consistently encourage open communication with employees and have an "open door" style.

The agency head/executive team also maintains open lines of communications with many different stakeholder groups to be aware of concerns and areas of needed improvement. The State Director and his executive staff meet regularly with consumers, various grassroots parent/advocacy groups - each with their own special interest, the leadership of provider organizations, and leaders from other state agencies. Discussions occur in both small and large groups, often in regional "clusters". Personal involvement with each of the aforementioned groups allows for continuous and open exchange to identify and address necessary issues. The Department relies heavily on its consumers, service providers, parents and advocates to provide feedback on how well the services provided are meeting the needs of each consumer.

The State Director and his executive staff meet directly with the Governor's office and members of the General Assembly to discuss the potential impact of the Department's programs, services, facilities and operations and the associated risks of each. These meetings and shared perspectives guide our focus and improve responsiveness to consumers of services and taxpaying citizens alike.

Agency leadership is active in professional organizations at the state, regional and national levels. Up-to-date knowledge of state-of-the-art practices, trends and approaches used by other states is shared with all levels with the organization and used to enhance and improve South Carolina's system. Information is incorporated in training opportunities for front line staff and managers alike.

DDSN is actively involved in community outreach. Agency leaders encourage staff participation in community events and set the example by their own community involvement. Senior leadership as well as other DDSN staff are actively involved in civic organizations, professional organizations, and community and statewide charities. Staff at all levels participate in various community efforts including the Special Olympics program, United Way, the Good Health Appeal Campaign, foster care program, Red Cross blood drive, Families Helping Families, and Palmetto Place Children's Emergency Shelter. A high level of importance is placed on community involvement for all DDSN employees.



## **Category 2: Strategic Planning**

The planning process used to carry out the agency's mission is a continuous process. It is primarily concerned with developing organizational objectives, forecasting the environment in which objectives are to be accomplished and determining the approach in which they are to be accomplished. To be successful, planning requires an analysis of data from the past, decisions in the present, and an evaluation of the future.

The department's strategic planning sets the overall direction for the development of programs through a multi-year period for persons with autism, mental retardation and related disabilities, brain injuries, and spinal cord injuries in South Carolina. Planning is guided by direction from the Governor and the General Assembly, and by our customer's needs and preferences and how they want to be served. It also reflects the Department's responsiveness to national trends, to advocates who promote state-of-the-art services and to citizens who require sound stewardship of their tax dollars. This provides a framework to guide agency policy and actions in terms of how we organize, fund and evaluate outcomes of services.

Input from DDSN's Regional Centers and the local Disabilities and Special Needs Boards is integral to the process. Each Center and Board conducts a facility assessment which outlines renovations, construction, or change in use of specific buildings in order to provide adequate and appropriate facilities to meet individual needs in a high quality setting. To determine services needed over a multi-year period, a review is done of current programs and services, the number of individuals served, underserved and unserved, and the new resources needed to meet the need.

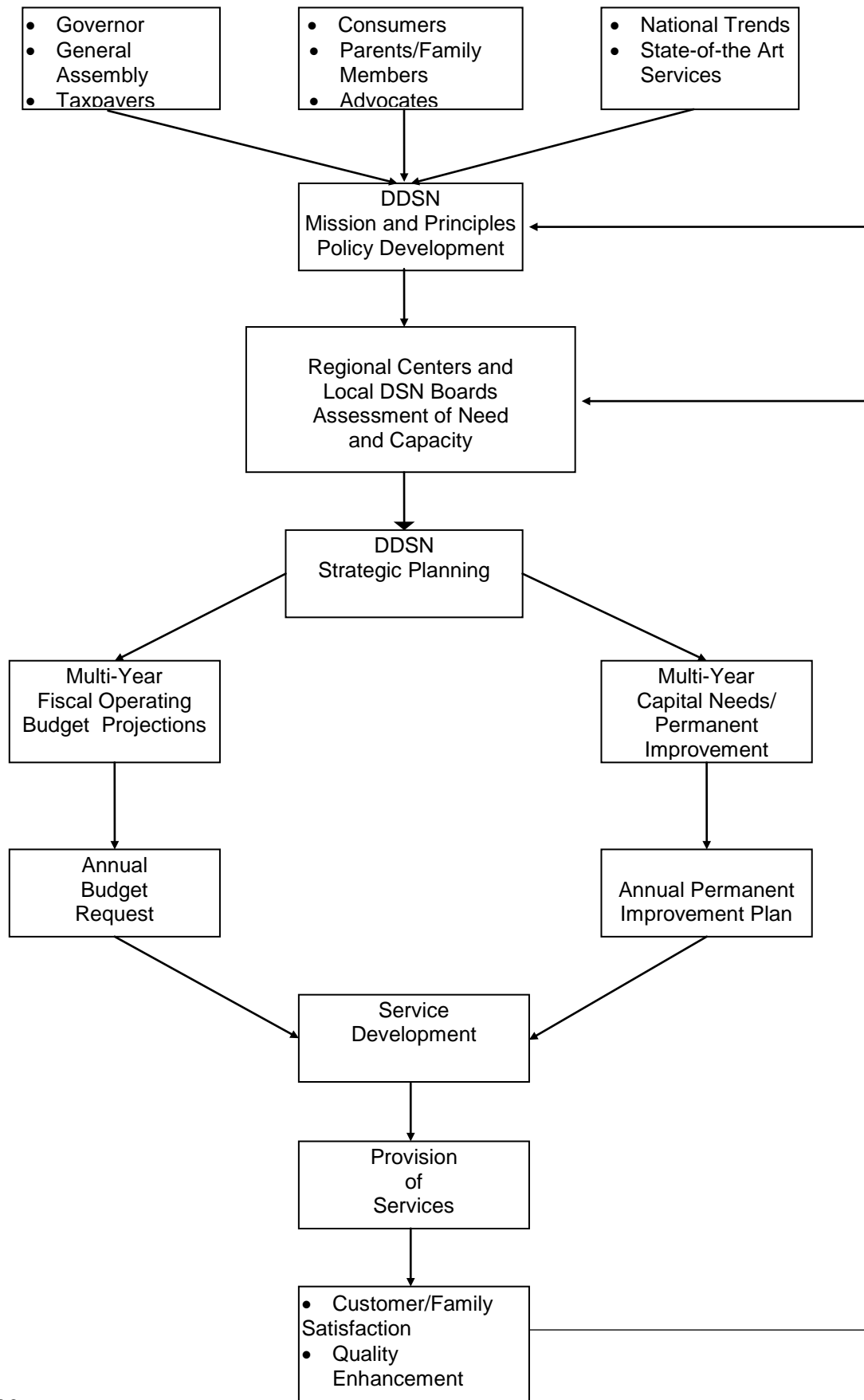
DDSN's strategic planning process includes a multi-year projection of operating budget needs and permanent improvement needs. Once projections are refined, the Department prepares its annual budget request for the Governor and General Assembly which includes both recurring and non-recurring items. Capital needs are stated in the Annual Permanent Improvement Plan (APIP) which is submitted to the Joint Bond Review Committee and the Budget and Control Board.

Cross-functional committees are utilized in the development of agency-wide plans and strategies. When changes are being proposed which impact the way services are provided or funded, taskforces are utilized to ensure that all levels of the organization are represented. A broad range of individuals serve on these taskforces in order to obtain a full understanding of the issues involved.

Customer satisfaction is a priority in DDSN's approach to planning and service delivery. Customer satisfaction assessments are performed by all service providers throughout the state. The principle of continuous quality improvement guides DDSN in determining whether services and service providers are meeting consumer expectations. The primary measure of quality is how the person with the disability and the family view the responsiveness of the services.

DDSN utilizes a customer driven approach. Needs, both met and unmet, are identified. System changes are planned to increase consumer and family satisfaction and increase service provider productivity and efficiency. Increases in efficiencies are redeployed to address unmet service needs. This approach increases accountability to the citizens of South Carolina.

**S.C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
PLANNING PROCESS**



02/10/00

### **Category 3: Customer Focus**

The Department's focus is consumer oriented. People with disabilities are unique individuals, each with his/her own needs, wants, desires, goals and dreams. Generally, they want the same things from life we all do - an interesting and meaningful daily life, close relationships with others; opportunities to socialize, enjoy recreation and developed their talents and abilities; a chance to realize their dreams; to be a part of and contribute to their communities; and to feel that they are valuable and important. Thus, system changes are aimed to increase consumer and family satisfaction with the service delivery system and to increase service provider productivity and efficiency.

The newest change in service delivery is the shift away from a program-centered system to a person-centered approach which is driven by customer choice. The new approach gives consumers and families the power to use the resources allocated to them in ways that make sense in their lives. They set goals and a plan is developed which identifies the services they want and need, as well as who will provide these services. The plan builds on an individual's strengths, interests and preferences, and it targets assistance to achieve specific results in the person's life. Consumers and others evaluate the services delivered on results produced in the person's life and how satisfied he or she is with the services provided.

Customer satisfaction is a priority in this new person-centered approach to service delivery. Self-advocacy groups throughout the state have been established to empower consumers to be more involved in making decisions about their lives. Customer satisfaction assessments have been conducted to determine the satisfaction levels of the consumers throughout the state. The service providers and DDSN continuously collect information from customers and others, analyze the information and make needed changes.

Family satisfaction is assessed through a telephone survey of participants in the planning process, contracting with USC's survey research laboratory to ensure objectivity. There has been a strong positive response. Families particularly like the focus on the strengths, talents and abilities of their family members in contrast to the traditional approach that emphasized deficits and shortcomings. The Department has provided information for an article to appear in a book entitled *Implementing Person-Centered Planning on a Statewide Basis in South Carolina: Leadership, Training and Satisfaction Issues*. The article was solicited because of implementation of person-centered planning on a statewide basis in South Carolina. A federal grant has been awarded to the Department, which has been and will continue to be used to further educate consumers and their families on how to fully participate in the decisions that affect the consumer's life.

DDSN has developed the South Carolina Organizational Performance Enhancement System (SCOPES) to measure personal outcomes for quality enhancements by focusing attention on what people with disabilities want from the services and supports they receive. Personal outcome areas include health and safety, dignity, and aspect, personal choice, participation in the community and attainment of goals.

This new measurement system is designed to assist service provider organizations to use the information gathered through personal outcomes assessments to gain a better understanding of

priorities for people supported and integrate this information into their local quality enhancement efforts.

Many activities are ongoing to keep our consumers, families and advocates informed. Publications including the Practical Guide to Services, Choosing a Caregiver and others in addition to our Person-Centered Services – A Guide to Consumers and Families, and our website are kept updated and widely disseminated. The Department contracts with grassroots advocacy organization to train and educate individuals with disabilities and their families. The ARC of the Midlands organizes and provides training meetings around the state on the concepts and practical application of South Carolina's person-centered service approach. Since January of this year, ARC of the Midlands has held 22 information sessions attended by 315 families and consumers along with 92 staff from provider organizations. Family Connections of S.C. works with families with children with special needs. The Brain Injury Alliance of South Carolina educates through local support groups and the S.C. Spinal Cord Injury Association assists individuals through peer to peer counseling. The S.C. Autism Society works through its network of support groups to offer information, training and technical assistance. In addition, we successfully competed for a federal grant partnering with Department of Social Services and Family Connection to demonstrate how person-centered services can be utilized with special needs students in low-income family situations.

We participate regularly with the S.C. Partnership of Disability Organizations, a coalition of numerous statewide advocacy groups to provide updated information and listen and respond to concerns about services and budget matters. Regular meetings are held with regional center parents once per quarter on Saturdays to update them on current/anticipated issues of interest to them and address concerns they raise.

To help meet the specialized needs of people with disabilities, regular meetings are held with both key members of the Governor's staff and members of the legislative committees and sub-committees and their senior staff on funding and policy issues. This significant amount of involvement keeps legislators current on our customers needs and our progress to meet those needs so that they have complete information regarding current status and future goals and related constraints. This was particularly important during this year's state funding crisis.

DDSN's secondary customer group consists of the community service provider organizations. DDSN contracts with these entities to deliver services directly to individual with disabilities and their families in their home communities. While the department requires the providers to meet specific standards and adhere to DDSN policy, we must work cooperatively to encourage contract compliance and quality. Provider representatives participated in the department's development of new quality assurance and risk management processes. They were also heavily involved in planning and phasing in a new capitated funding approach which equalizes payment for services for persons with similar needs. This also increased flexibility for service providers in the use of funds while creating incentives for efficiency. Providers may re-invest savings to address waiting lists, service enhancements or staff development. Fiscal year 2001 completed the implementation period.

#### **Category 4: Information and Analysis**

Historically, measures of quality were often far removed from the actual impact in the lives of the consumers of the services. Agencies would focus on “process measures” rather than “outcome measures” since they were often easier both to measure and to control. If the administrative and programmatic processes, protocol, procedures and paperwork were in place, then the quality of service was assumed. Over time measures of quality shifted from “processes” to “outcomes”, but still the focus was often on what the agency could measure and control best, and this was not the consumer. Under this model, quality was assumed by measures of service objectives written, or units of service delivered. It is only recently that quality measures have become personalized and relative to specific individual consumers.

DDSN is phasing in implementation of a multi-faceted approach to assure that quality services are being provided. The principles of continuous quality improvement and person-focused care guide DDSN in determining whether the services and supports provided to individuals with developmental disabilities and their families are meeting the high quality expectations.

Personal outcome measures are founded on specific, concrete goals that the individual has set for themselves in conjunction with their family and their “circle of support”. They are thought about and discussed, hopefully weighted against alternative goals and decided upon. To this degree they are objective and measurable.

Measures of consumer satisfaction have a larger affective component as satisfaction is a “matter of the heart”. It is very possible for a consumer to have met all of his/her personal outcome measures, but still feel dissatisfied with his/her life or the services and supports that she/he is receiving. Thus, measures of consumer satisfaction must go hand in hand with personal outcome measures in order for an agency to be truly consumer-focused and driven. Consumer satisfaction surveys are conducted periodically with consumers, families and other stakeholders. DDSN and service providers use this information to improve services and make them more responsive to consumers’ needs and wishes.

Major performance measures tie directly to core processes and key results. Many of our performance measures are linked to consumer expectations. The department utilizes various assessments to determine that support services are meeting the needs of consumers and that consumers are satisfied with the quality of services provided. Assessments are done by agencies independent of the Department, through local consumer review panels, random telephone surveys and independent facilitation providers. Additionally, the department uses feedback from statewide and local advocacy groups to identify needs of consumers and help in developing strategies for use of future resources. Concerns voiced by consumers are a priority of the department and resources are assigned to address their issues when appropriate.

Performance based objectives permeate all levels of our service system. Objectives are developed at the individual consumer level, the program level and the agency level as a means of monitoring our service system. The DDSN Commission, disability advocacy groups, parent groups, consumers, the contract provider network, national councils, other government agencies, the Governor’s office and the General Assembly all provide input to help us evaluate and improve our systems and services. Our performance measures are tracked daily, weekly, monthly and annually to ensure that systems are meeting consumer expectations.

The department utilizes national as well as statewide trends to set service priorities and promote the quality of life for individuals with disabilities. We use research/data from other states to provide state of the art care to our consumers. Nationally established best practices are utilized to assure quality of care and to provide a continually proactive approach in assuring the health and safety of the consumer. We look to national performance measures to help demonstrate an effective use of resources, as well providing monitoring of expected outcomes. These measures help us in comparisons of our agency with other agencies providing similar services throughout the United States.

A comprehensive information and analysis plan should draw ideas, standards, and measures for a number of important and/or controlling sources that may include: local ordinances, state statutes and regulations, federal statutes and regulations, applicable case law and court orders, funding source standards/requirements, professional practice board standards, specific consumer goals, consumer/family satisfaction surveys, other stakeholder satisfaction surveys, national accreditation boards (i.e. The Council, CARF, Malcolm Baldrige Award criteria), “best practices” that are emerging from educational and research organizations, and using previously met departmental quality assurance goals as benchmarks to measure progress against. DDSN utilizes such a system.

### **Category 5: Human Resource Focus**

DDSN and its executive team recognize the need to develop and maintain a labor force of talented individuals capable of carrying out organizational commitments in an ever-changing work environment. The department is committed to developing and maintaining programs that foster individual growth for employees, target internal staff for advancement, and aid in creating a diverse workforce.

Ninety percent of DDSN's employee positions are located in its 24-hour care regional residential facilities. Therefore a great deal of responsibility is delegated to the Facility Administrators. This is particularly effective due to the variety of employment opportunities within the facilities and the wide range of required professional qualifications. Human resources policy is established by the executive team, disseminated to the Facility Administrators and facilitated through the Office of Human Resources. Human resources coordinates with the facility staff to develop specific programs that respond to the individual needs of each while maintaining an overall unity of purpose for the department.

Facility staffs have varying responsibilities requiring a variety of different employee knowledge, skills and abilities. The nature of the work dictates the design of the work systems. In some instances such as the Residential and Health Programs areas, work is accomplished through teams on around-the-clock shifts. In other cases such as the Food Services, a team of food service specialists may only work one ten-hour shift. DDSN's employees provide care and assistance to very special, often fragile, individuals with disabilities. These workers take care of daily living needs of people like feeding, toileting, bathing, dressing, behavioral and medical care. They perform essential life sustaining functions that workers in other fields would never even consider. The state director established an agency-wide Workforce Development Committee, co-chaired by our Deputy State Director for Services and Supports and our Director of Human Resources and Legal Services, to recommend policies aimed at enhancing this area and to focus on measures to improve the physical work environment.

Our employees are the ultimate keys to our success. Our human resource efforts are all directed toward ensuring we have a capable, satisfied and diverse work team. Recruitment is the first step. Many of our jobs require associate's, bachelor's, or advanced specialized degrees. Therefore, our recruitment strategy involves representation at college career days around the state; participation in targeted career fairs for immediate openings, such as the State Government Career Fair; contact with Tech Colleges across the state; and use of diverse access methods (Internet postings and job application, dial-a-job recordings, fax). We made significant recruitment efforts this year to ensure we have diversity in our workforce and our EEO statistics help us monitor our effectiveness.

Employee well-being and satisfaction is addressed through a variety of means. The department offers health screenings at a minimal cost to all employees. Free health workshops along with counseling are also available. All employees receive safe driver training, and employees whose jobs entail risk of personal injury receive extensive safety training.

Again, the majority of these jobs are within our residential facilities. Here a safety committee meets regularly to review safety policies, initiate safety plans, secure safety equipment and propose changes to the safety-training program. It advises the Facility Administrator on all

facets of the safety program. The unit also reviews OSHA reports and Workers' Compensation data.

Other programs also contribute to employee well being. Tuition assistance and variable work schedules help employees balance their personal and professional lives. Many employees contribute generously to the Excess Leave Pool to help their colleagues during times of extended crisis. Social events such as picnics, athletic events and various types of gatherings are regularly scheduled within the department.

The department uses a variety of methods to obtain feedback regarding employee satisfaction. These include individual interviews, informal conversations while "walking around," and exit interviews with departing employees.

Formal job career paths are in place for over 80 percent of our non-management workforce. These include Auditors, Analysts, Human Services Assistants, Human Services Specialists, Building & Grounds Specialists, Food Service Specialists, Fiscal Technicians, Accounting/Fiscal Analysts, Program Coordinators, Program Managers, Computer Programmers, Application Analysts, Nurses, Information Resource Consultants and Administrative Specialists. Funding for movement within these career paths is absorbed by the agency. Specific skills, duties, and training are required for progression to the next step. Each employee has the opportunity to reach the top of the individual plan with dedicated effort. Tuition reimbursement and variable work week or work hour options are also available to assist those interested in completing nursing, occupational therapist, occupational therapist assistant, physical therapist, or physical therapist assistant hours or degree requirements to qualify for entry into another job area in our facilities.

Our compensation system is based upon market studies, internal equity, and available funding. The department also funds an additional merit increase program based on performance through the Employee Performance Management System.

Formal and informal recognition is another key factor in our success. Our Suggestions and Employee Recognition programs promote both individual and facility recognition. In addition, the DDSN Employee of the Year is recognized at the central office by the DDSN Commission and the State Director during a monthly commission meeting.

Both formal and informal needs assessments are continuing processes that help identify specific skill needs. The methods of assessment span the spectrum from individual conversations to formal focus groups. Throughout the year, classes are offered that target the identified needs in such areas as service coordination, computer systems, computer software, quality, and leadership. The career paths require teaching others through on-the-job training or classroom training. Additional courses are targeted to specific needs, such as conflict management and resolution and negotiation skills. External conferences and seminars also help us keep current with industry trends.



### **Category 6: Process Management**

The agency's State Director and his executive staff constantly seek input from consumer, consumer advocates, parent groups and service provider representatives to keep abreast of how the service delivery system is functioning. This input results in action by the Department ranging from changes in policy or processes, to assisting one individual consumer. The Department relies on the consumers, service providers, parents and advocates to provide feedback on the responsiveness of the service system to consumers.

We have shifted our system of services from a program-centered approach to one which is more person-centered. Accountability mechanisms have been redesigned from a process evaluation to an outcome evaluation, while still ensuring compliance with health and safety measures. Customer satisfaction is the benchmark, the true impact of services for individuals and families.

We are in the process of revising our system for identifying and tracking persons in critical need and the disposition of individual cases. The tracking system is expected to be operational by December of 2001.

On a daily basis, data from service providers' quality assurance reviews, abuse and neglect reports, critical incidences and consumers in critical circumstances are collected electronically by DDSN staff for analysis of trends and patterns. These data are being merged into a single system so a collective picture can be obtained.

On a rotating basis sub-regional meetings are held with local disabilities and special needs board chairs and Executive Directors. Three to four boards participate at each site. The purpose is to provide updates, note trends and problem solve around current or potential issues/concerns.

Recent budget reductions created a need to reorganize the department without negatively impacting services. Regional functions were streamlined and other responsibilities and functions previously regionalized are now centralized. Seventy-four FTEs were eliminated. All of these changes were done with the challenges of improving performance, increasing efficiency and better serving people with disabilities, including absolutely no reduction in service funding levels.

Services are utilized in order that the department can meet the needs of the greatest number of people possible and, at the same time, insure that out-of-home care is available for those individuals with truly critical needs. Services are grouped in four major categories:

1. In-Home Individual and Family Support Services
2. Community Residential Services
3. Regional Centers
4. Prevention Services

As directed over the years by the Governor and the General Assembly, DDSN has pursued an aggressive effort to have as many of the agency's services as possible covered by the federal government through Medicaid. This has meant a reduced cost to the state to provide services to persons with severe lifelong disabilities. Almost every service DDSN provides has some cost expensed to Medicaid across all programs, services, and populations served.

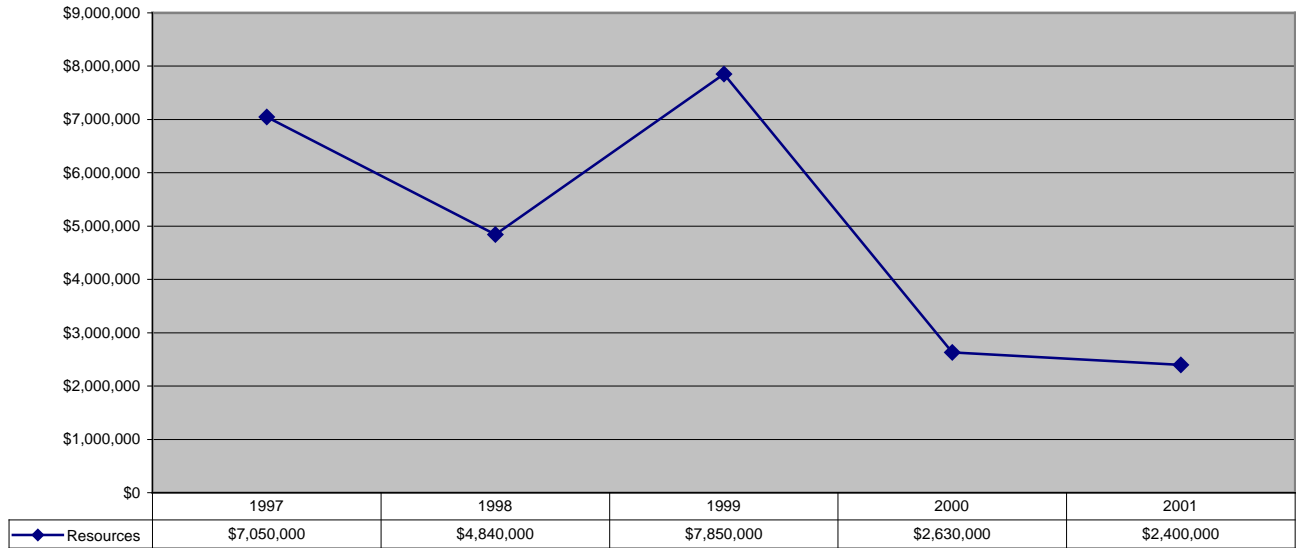
In addition, DDSN has aggressively shifted resources over the past few years to meet the priorities of the agency. During the eight year period 1994 through 2001, DDSN shifted over \$41 million in services from large state operated facilities to locally operated disability boards as community alternatives were developed. This resulted in the reduction of almost 1,500 FTE's during the same period. Since 1995, the agency privatized supply warehousing, printing services, pharmacy services and medical laboratory testing resulting in savings and the reduction of additional FTE's. During the last five years DDSN's Central Office administration has been minimized to less than two percent. These savings were reallocated to the highest priorities of the agency.

DDSN persists in making every effort to shift available resources to prevention and family support services and to avoid unnecessary expensive out-of-home placements. The agency continues to shift from replacing families to supporting families. This approach is considered to be state of the art and saves the state a significant amount of money. DDSN works each year to reduce the huge waiting lists of people with severe disabilities who need services by emphasizing family support and primary prevention activities and by reserving out-of-home residential placements only for those individuals with the most critical needs.

Teamwork is an integral part of DDSN's way of doing business. Consumers and providers alike participate in planning activities, task forces, and focus groups to ensure information, ideas and concerns are shared and discussed. The department's mission is to serve individuals with disabilities and their family. We rely on local service providers to accomplish this. Consumers and families rightly should drive the system and tell agency leadership what they need and want. Partnership is key to the success of all.

## **Category 7: Business Results**

### South Carolina Department of Disabilities & Special Needs Agency Resources Redirected to Community Services

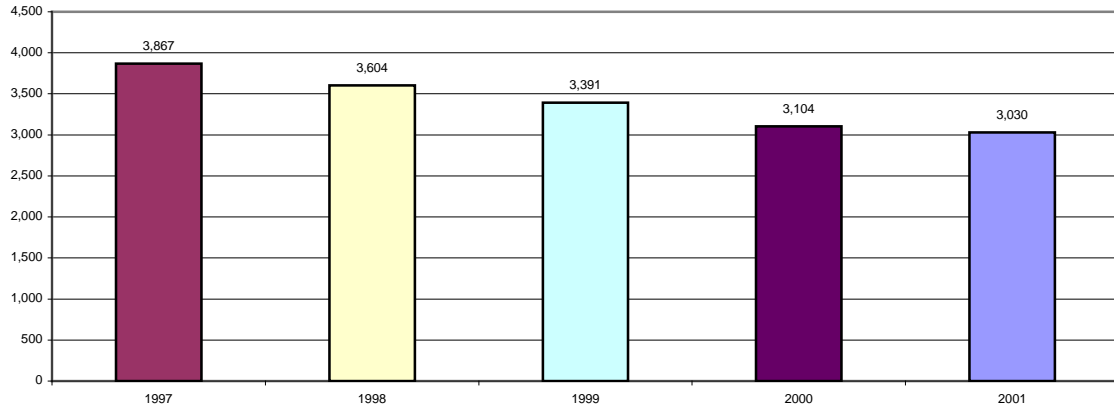


DDSN continues to reduce the number of persons served in regional facilities as local community supports are expanded to meet more of the needs of the individuals served closer to their families homes. As individuals move from state operated regional centers to local programs, service funds are moved with them. Since 1997, DDSN has redirected almost \$25 million to community service alternatives.

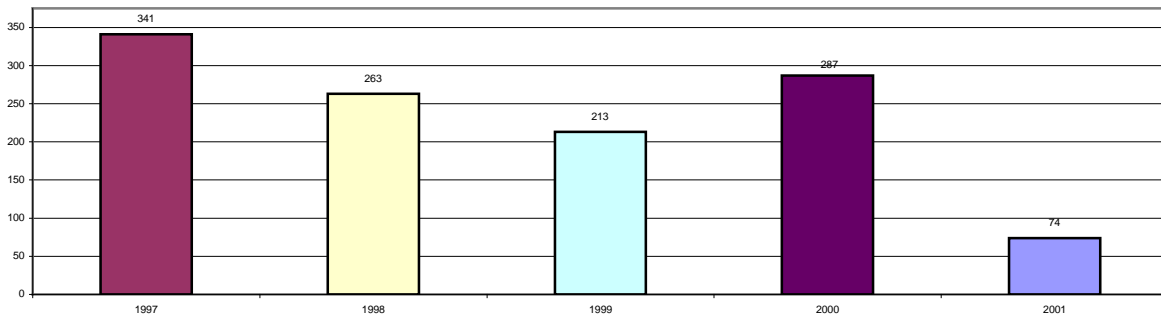
The number of individuals enrolled in the HASCI waiver increased from 161 in 1997 to 455 in 2001. The increase of 294 individuals over the 5-year period represents a growth of 182%.

From 1997 to 2001, the number of individuals receiving in-home mental retardation waiver services increased by 78%.

**SC Department of Disabilities & Special Needs  
Authorized FTE's  
1997-2001**

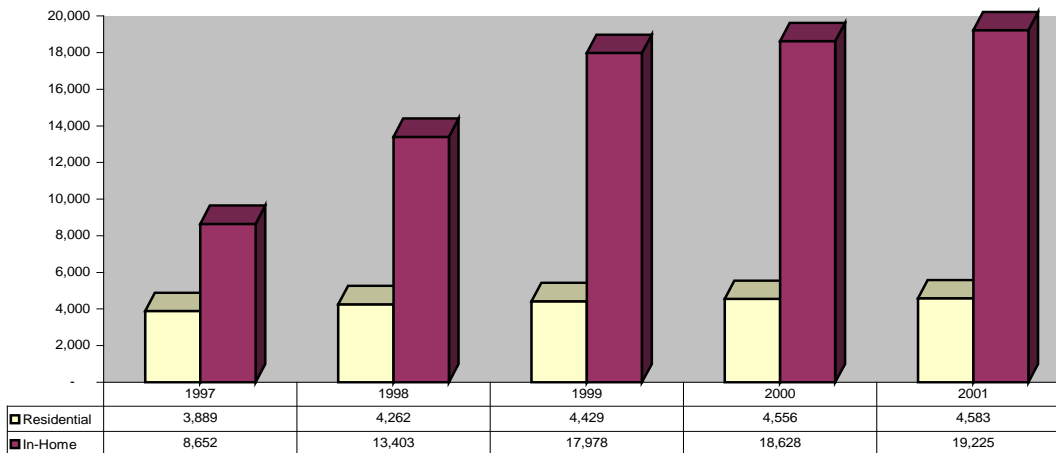


**SC Department of Disabilities and Special Needs  
Number of FTE's Reduced  
1997 - 2001**



Since 1997 DDSN has reduced its permanent work force by 837 positions. These reductions are largely due to movement of individuals from our state operated regional centers. As individuals in regional centers are moved to local community residential settings, DDSN has been able to reduce permanent full time positions.

**South Carolina Department of Disabilities & Special Needs  
Unduplicated Count of Individuals Served**

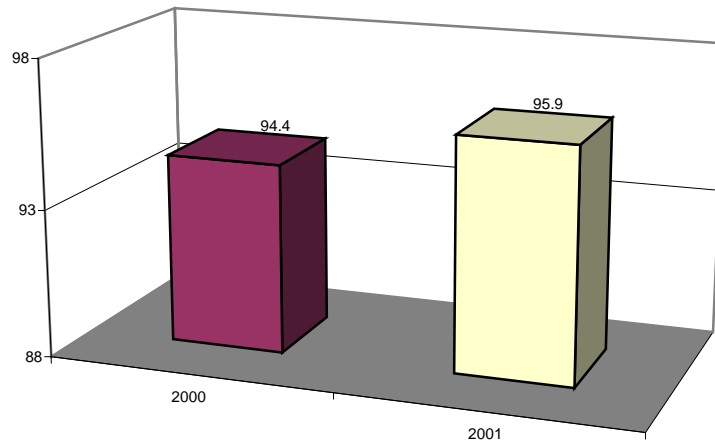


**South Carolina Department of Disabilities & Special Needs  
Unduplicated Count of Individuals Served**

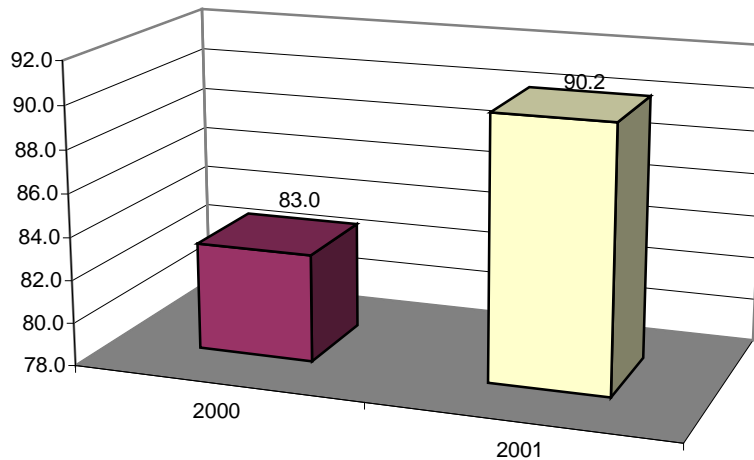
	In Home					Grand Total
	Total Residential	Day Services	Family Support	Service Coordination	Total In Home	
6/30/90	3,889	3,858	363	4,431	8,652	12,541
6/30/95	4,262	3,851	1,935	7,617	13,403	17,665
6/30/99	4,429	4,137	3,715	10,126	17,978	22,407
6/30/00	4,556	4,063	4,064	10,501	18,628	23,184
6/30/01	4,583	3,946	5,694	9,585	19,225	23,808

**NOTE:** Of the 23,808 people being served on 6/30/01, approximately 21,000 are people with mental retardation 1,700 are people with autism and 1,100 are people with head and spinal cord injuries.

**SC Department of Disabilities & Special Needs  
Contractual Compliance Review  
Organization Outcomes**



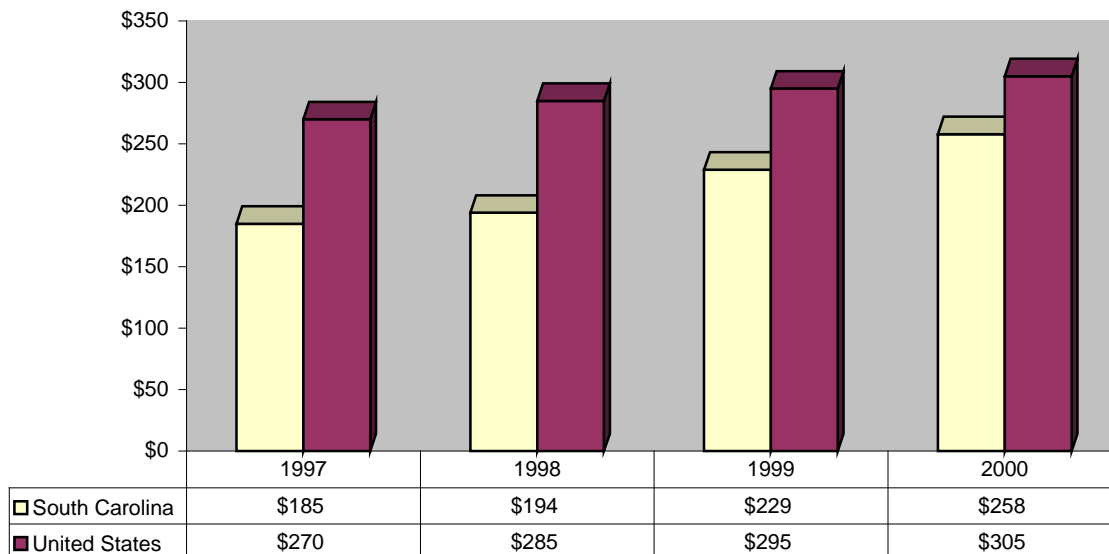
**SC Department of Disabilities & Special Needs  
Contractual Compliance Review  
Individual Case Outcomes**



The Agency's outcome measurement system is impacting the quality of our services. The organizational outcome measurements statewide average has improved by 1.5 % from FY2000 – FY2001. Individual case outcomes, which measure whether you are actually making a difference to the consumers, have increased by 7.2%. These average percentage increases reflect the measurement of the overall increasing quality of services being provided to our consumers utilizing certified measurement techniques.

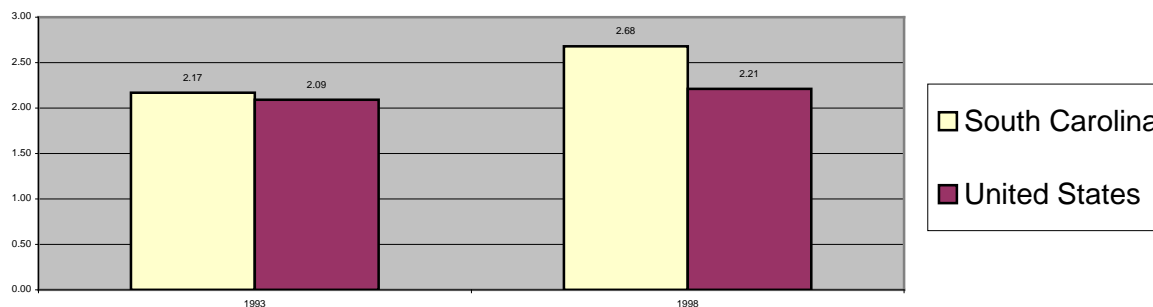


**South Carolina Department of Disabilities & Special Needs  
Daily Institutional Rates  
Comparison of SC with US**



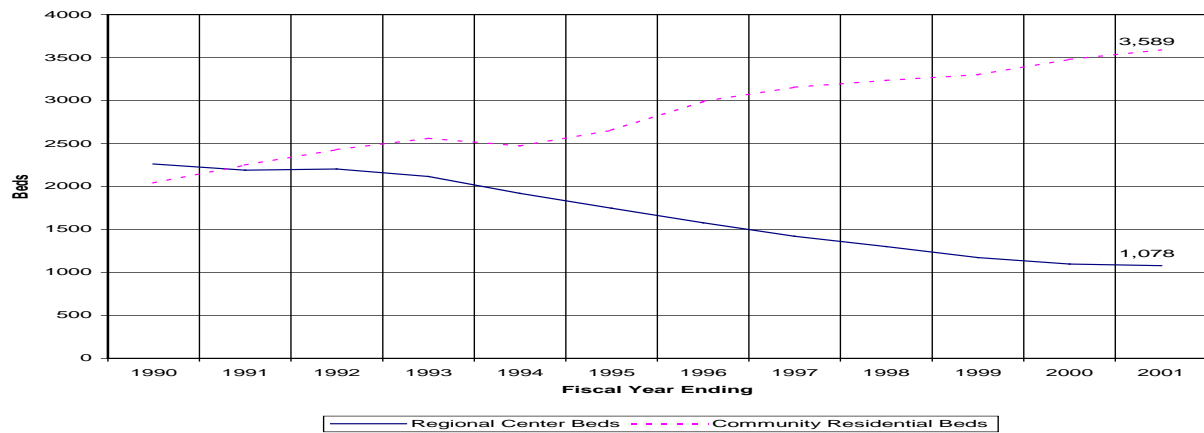
South Carolina continues to be efficient in its operation of institutional care when compared to National averages. The daily institutional rate for S.C. is on average 15% less than the National daily average.

**SC Department of Disabilities & Special Needs  
Staff to Resident Ratios For Public MR/DD Institutions  
South Carolina versus the United States  
1993 & 1998**



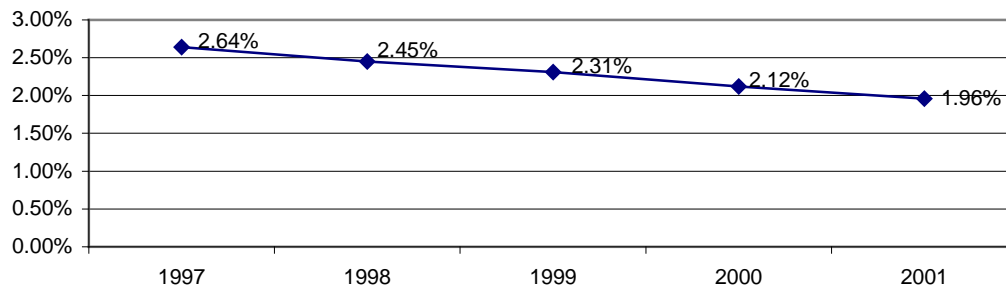
South Carolina staff to resident ratios continue to be higher than the National average even though the average cost is lower.

## South Carolina Department of Disabilities and Special Needs Summary of Agency Residential Beds



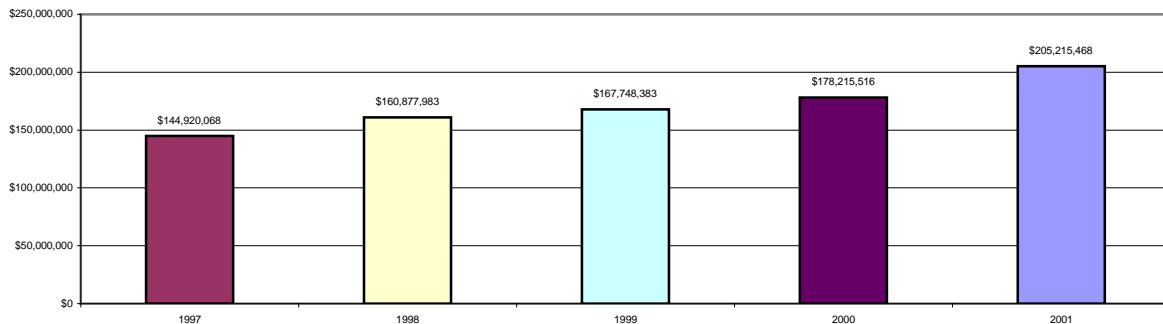
During the past 10 years our state operated regional centers have continued to reduce the number of individuals served. At the same time our local community providers have almost doubled their residential capacity. This means that individuals are much more likely to be able to remain in the local community even when residential services are needed.

## SC Department of Disabilities & Special Needs Administration Expenses as a Percentage of Total Expenses



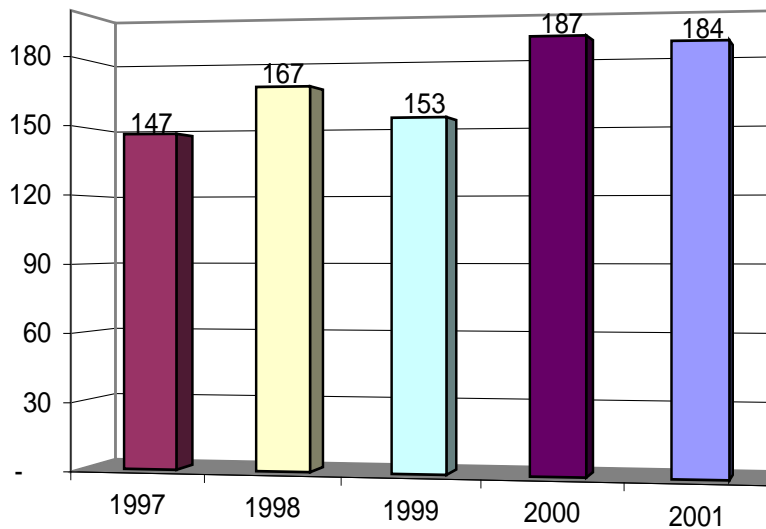
Agency administration expenses have consistently dropped from 1997 to 2001 and are now under two percent.

**SC Department of Disabilities & Special Needs  
Medicaid Earnings  
FY 1997 - 2001**



Medicaid earnings have increased by 42% since 1997. The Department continues to maximize this revenue resource and puts great emphasis in converting State funds into Medicaid dollars. This has allowed the Agency to expand community services beyond the help that was available from additional State General Fund Dollars.

**South Carolina Department Of Disabilities & Special Needs  
Critical Residential Placement**



The Department has utilized all of its available residential resources to meet the rising demand for individuals in need of 24-hour care. The most critical persons have to be placed in out of home residential services.